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Environmental Services Division



Building 535A
P.O. Box 5000
Upton, NY 11973-5000
Phone 631 344-4225
Fax 631 344-5812
zimmerman@bnl.gov

managed by Brookhaven Science Associates
for the U.S. Department of Energy

www.bnl.gov

July 21, 2000

Mr. Frank Crescenzo
Acting Brookhaven Group Manager
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Crescenzo:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for June 2000
REFERENCE: Letter from Scott Mallette to K. Brog dated June 27, 2000

Included as Attachment I, please find the DMR for the month of June 2000. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by either the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

With the exception of two excursions at Outfall 001 and one at Outfall 008, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. The three permit excursions included a sample collected on June 5, 2000 at Outfall 001 that had a total iron concentration of 0.51 mg/L which exceeded the SPDES permit limit of 0.37 mg/L. A sample collected on June 7, 2000, at Outfall 001 had a tetrachloroethylene concentration of 31 µg/L. The Laboratory is not permitted to discharge this chemical at any concentration, and therefore its detection in the effluent is considered a permit violation. Finally, a sample was not collected at Outfall 008 for volatile organic compound analysis. This was due to human error in the completion of the sampling requirements at this Outfall station. Attachment V contains the Non-Compliance Reports, which discuss these violations in detail. Attachment VI contains a report detailing the status of the May 2000 zinc permit excursion investigation.

Please note that for the majority of the Outfalls, flow measurements are conducted either weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001A, 001B, 001D, 001E, 001F, 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. All samples were collected by Brookhaven National Laboratory personnel. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions.

Zimmerman to Crescenzo

-2-

July 21, 2000

Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of June 2000.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than July 28, 2000.

If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allococo at extension 3166.



EAF/MA:rt

Sincerely,

E.A. Zimmerman, CEP, REM, CEA, CESM
Division Manager

Attachment I: Discharge Monitoring Report for June 2000.

Attachment II: Analytical Results from H2M Labs for samples collected on 6/5/00, 6/7/00 and 6/9/00 from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 003, 004, 005, 006A, 006B, 007, 008, and 010.

Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 003, 005, 006A, and 006B.

Attachment V: Noncompliance Event Reports for June 2000 Discharge Monitoring Report.

Attachment VI: May 2000 Zinc Excursion Investigation Update Report.

cc: K. Brog w/ attachments
 W. Chaloupka w/attachments
 G. Granzen w/o attachments
 M. Hart w/o attachments
 C. Johnson w/o attachments
 D. Van Duyne w/attachments
 R. Lee w/attachments
 E. Lessard w/o attachments
 D. Lowenstein w/o attachments
 E. Murphy w/attachments
 S. Ozaki w/o attachments
 W. Reeside w/o attachments
 L. Ross w/attachments
 R. Travis w/attachments

EC4220.00

ATTACHMENT I
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR JUNE 2000
FOR OUTFALLS NO. 001 – 010

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for June 2000
Discharge Monitoring Report Notes:

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. There was no discharge from Outfalls 002A and 002B during this reporting period.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. The only PCB congener detected was Aroclor 1254 at a concentration of 0.053 µg/L. All other congeners were below the individual detection limit of 0.05 µg/L per congener.
5. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
6. Photographic rinse waters discharged from Building 197B, are generated by three individual photo-processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentration and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-93B	38 GPD	7.1 SU	43.5 mg/L	< 10.0 µg/L	52.1 µg/L ^b	< 5 µg/L
1-86B ^a	26 GPD	---	---	---	---	---
1-93A	855 GPD	7.1 SU	45.2 mg/L	< 10.0 µg/L	55.0 µg/L ^b	< 5 µg/L
Total Flow	919 GPD					

Notes:

- a. The photo-processor in Rm. 1-86B has been removed. The reported flow occurred before the processor was removed. A new processor is scheduled for installation and will be sampled once it becomes available.
- b. The silver data was reported as an estimated value by the analytical laboratory for both processors, due to the presence of interference.
7. The total iron concentration on 6/5/00 at Outfall 001 was 0.51 mg/L, which exceeds the permit limit of 0.37 mg/L. In addition, there was a discharge of 31 µg/L of tetrachloroethylene on June 7, 2000, which exceeds the ambient groundwater quality standard of 5 µg/L. Please refer to the two Noncompliance Event reports in Attachment V for an explanation of these excursions.
8. The volatile organic compound samples for Outfall 008 for the month of June were not collected. Please refer to the Non Compliance Event report in Attachment V for an explanation of this excursion.
9. During the month of June, three attempts were made to complete the pH sampling of Outfall 004. On each attempt there was no flow at the recharge basin. Due to scheduling conflicts, additional attempts could not be made.

ATTENDEE NAME/ADDRESS (Include Facility Name/Location if Different)

E U S D O E
MESSERICK HAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG 464
UPPER BROOKHAVEN NATIONAL LABORATORY
ATTN: UPPCON
NY : 3293 E MALOSSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

001 B
DISCHARGE NUMBER

(S)BR 01
P - FINAL

RINSE FROM CENTRAL DEGREASER 498

** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
C, TOTAL Z N	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	42.7	(28)	0	Qtrly GRAB
PLUENT GROSS VALUE REQUIREMENT	PERMIT	*****	*****	*****	*****	*****	*****	46.7			
D-DICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	<1	(28)	0	Qtrly GRAB
PLUENT GROSS VALUE REQUIREMENT	PERMIT	*****	*****	*****	*****	*****	*****	<1			
L, I-TRICHLORO-CBANE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	<1	(28)	0	Qtrly GRAB
PLUENT GROSS VALUE REQUIREMENT	PERMIT	*****	*****	*****	*****	*****	*****	<1			
D-DICHLOROBETHANE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	<1	(28)	0	Qtrly GRAB
PLUENT GROSS VALUE REQUIREMENT	PERMIT	*****	*****	*****	*****	*****	*****	<1			
S (2-BPHLIXIL)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	2	(28)	0	Qtrly GRAB
FALATE (See Note 1)	PERMIT	*****	*****	*****	*****	*****	*****				
N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	<10	(28)	0	Qtrly GRAB
PLUENT GROSS VALUE REQUIREMENT	PERMIT	*****	*****	*****	*****	*****	*****	<10			
JAMES/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										TELEPHONE DATE
Mr. G. Crescenzo Group Manager	CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER /O PRIOR TO DEC APPROVAL SPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS 2. PERSONAL F2B ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS										(See Attached Notes)
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										AREA NUMBER YEAR MO DAY

ITEMS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(See Attached Notes)

631-344-3424

THIS IS A 4-PART FORM PAGE 1 OF

NAME J S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BELL AVE., BLDG 454
UPPER NY 11973MAJOR
PROCESS SANIT & STORMWTR RNOFF
P - FINALDISCHARGE NUMBER
PERMIT NUMBER

NY0005835

PERMIT NUMBER

ACTIVITY BROOKHAVEN NATIONAL LABORATORY
LOCATION NY 11973
TIN: 38938 HALOSH, GROUP MGRMONITORING PERIOD
YEAR MO DAY YEAR MO DAY
00 06 01 TO 00 06 30

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	77	(15)	0	DAILY GRAB
23. FAHRENHEIT PERMIT	*****	*****	*****	*****	*****	*****	*****	90	(19)	0	DAILY GRAB
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	DAILY BY DEG.F	(19)	0	DAILY GRAB
CD, 5-DAY (20 DEG. C) PERMIT	*****	*****	*****	*****	*****	*****	*****	20	(12)	0	ONCE/ MONTH
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	20	(12)	0	ONCE/ MONTH
H2O	*****	*****	*****	*****	*****	*****	*****	20	(12)	0	ONCE/ MONTH
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	20	(12)	0	ONCE/ MONTH
SOLIDS, TOTAL SUSPENDED PERMIT	*****	*****	*****	*****	*****	*****	*****	50	(19)	0	DAILY GRAB
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	50	(19)	0	DAILY GRAB
SOLIDS, SETTLEABLE SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	50	(19)	0	DAILY GRAB
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	50	(19)	0	DAILY GRAB
H2O	*****	*****	*****	*****	*****	*****	*****	50	(19)	0	DAILY GRAB
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	50	(19)	0	DAILY GRAB
H2O	*****	*****	*****	*****	*****	*****	*****	50	(19)	0	DAILY GRAB
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	50	(19)	0	DAILY GRAB
NITROGEN, AMMONIA SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0.1	(25)	0	DAILY GRAB
PERMIT	*****	*****	*****	*****	*****	*****	*****	0.1	(25)	0	DAILY GRAB
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0.1	(25)	0	DAILY GRAB
NITROGEN, AMMONIA SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1.0	(19)	0	DAILY GRAB
PERMIT	*****	*****	*****	*****	*****	*****	*****	1.0	(19)	0	DAILY GRAB
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1.0	(19)	0	DAILY GRAB
TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				(See Attached Notes)				(See Attached Notes)		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				QUANTITIES OR CONCENTRATIONS OF RADIODACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INC1				DRAFT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EFFILT FROM SFBS.		
MR. F. Crescenzo	Mr. F. Crescenzo				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				SFBS AND REQUIREMENTS		
Group Manager					AREA NUMBER				PAGE 1 OF 1		
					TELEPHONE				EPA Form 3320-1 (REV 3/99) Previous editions may be used.		
					631-344-3424				THIS IS PART FORM PAGE 1 OF 1		

MATERIAL ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OMB No. 2040-0004

E J S D J E
RESSBROOK JAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG #53
UPCN
LITY BROOK JAVEN NATIONAL LABORATORY
NY 11973
E.M.: GEORGE HALOSH, GROUP MGR

10005035
PERMIT NUMBER

DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBA 01)
P - FINAL

PROCESS SANIT & STORMWTR RNOFF

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NOTE: Read Instructions before completing this form.

DISCHARGE 1-1 ** * *

MONITORING PERIOD

YEAR 00 FROM 11/19/73

MO 06

DAY 01

TO 06

YEAR 00

MO 06

DAY 30

ME 0 5 D O E
DRESSBROOK HAVEN NATIONAL LABORATORY
53 BEELL AVE., BLDG 464
CITY BROOKHAVEN NATIONAL LABORATORY
NY 11973
CATION PERMNY0005835
PERMIT NUMBER
002 Q
DISCHARGE NUMBER
(SUBR 01)NY 11973
NY 11973
NY 11973
NY 11973
NY 11973MAJOR
(SUBR 01)
P - FINAL
AG5 NNC-C COOLG, PRECP ETC (HN)**# NO DISCHARGE
NOTE: Read Instructions before completing this form.

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MILLIE NAME/AUDIENESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

OMB No. 2040-0004

RESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG 464
UPON
LITY BROOKHAVEN NATIONAL LABORATORY
ATION UPTON NY 11973
E: SEORSE & HALOSH, GROUP AGR

NY0005835
PERMIT NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
00 01 01 00 06 30

MAJOR**(SUBR 01)****P - PINAL****RF (1004) COOLING TOWER BLOWDOWN**

** NO DISCHARGE **X**!
**
NOTE: Read Instructions before Completing this form.

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
HYDROXY-BUTYLIDENE SAMPLE MEASUREMENT	*****	*****	UNITS	*****	*****	*****	(19)	DAILY	GRAB
312 1 0 0 PERMIT REQUIREMENT	*****	*****	UNITS	*****	*****	*****	0-5	HG/L	GRAB
PLUENT GROSS VALUE LYTRIAZOLE SAMPLE MEASUREMENT	*****	*****	UNITS	*****	*****	*****	(19)	DAILY	GRAB
313 1 0 0 PLUENT GROSS VALUE PERMIT REQUIREMENT	*****	*****	UNITS	*****	*****	*****	0-2	HG/L	GRAB
(See Note 2) SAMPLE MEASUREMENT			UNITS						
PERMIT REQUIREMENT			UNITS						
SAMPLE MEASUREMENT			UNITS						
PERMIT REQUIREMENT			UNITS						
SAMPLE MEASUREMENT			UNITS						
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SAMPLE MEASUREMENT			UNITS						
PERMIT REQUIREMENT			UNITS						
SAMPLE MEASUREMENT			UNITS						
PERMIT REQUIREMENT			UNITS						
SAMPLE MEASUREMENT			UNITS						
PERMIT REQUIREMENT			UNITS						
AM/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE	(See Attached Notes)	
Mr. F. Crescenzo Group Manager					631-344-3424			AREA NUMBER	YEAR MO DAY
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

MENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE BHIC RING.
ICE THE STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED.
DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.

Business Name/Address (Include city, state, name location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

ME U S D C E
DRESSBROOK HAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG 454
UPTON NATIONAL LABORATORY NY 11973
CATION UPFCN NY 11973
PN: GEORGE HALOSH, GROUP MGR

10005835
PERMIT NUMBER
0040
DISCHARGE NUMBER
(SUEBR 01)
P - FINAL

MRR NON-CONTACT COOLING (HP)

**** N J DISCHARGE 1-1-1 *****
NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
1-DICHLOROETHYLENE	SAMPLE	*****	*****	*****	*****	*****	*****	<1	(28)	0	Qtrly GRAB
1,1,1-TRICHLORO-	MEASUREMENT										
HANE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY	1	UG/L	OTELLY GRAB
1,1,1-TRICHLORO-	SAMPLE	*****	*****	*****	*****	*****	*****	<1	(28)	0	Qtrly GRAB
HANE	MEASUREMENT										
PLUENT CROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	BILLET	1	UG/L	OTELLY GRAB
PLUENT CROSS VALUE	SAMPLE	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	MEASUREMENT										
PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	MEASUREMENT										
PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	MEASUREMENT										
PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	MEASUREMENT										
PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	MEASUREMENT										
PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	MEASUREMENT										
PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	MEASUREMENT										
PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	MEASUREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	DATE	TELEPHONE								
F. Crescenzo Group Manager											
TYPED OR PRINTED											
ADDITIONAL WATER TREATMENT CHEMICALS, ETC. PRIOR NPDES APPROVAL											
PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS											
ITEMS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
AREA CODE	NUMBER	YEAR	MO	DAY							

(See Attached Notes)

NAME **J S D O E**
ADDRESS **BROCKDAVEN NATIONAL LABORATORY**
53 BELL AVE., BLDG 464LOCATION **IPRON**
FACILITY BROCKDAVEN NATIONAL LABORATORY
NY 11973APRN: **GEORGE HALOSH, GROUP MGR.****EEFFLUENT GROSS VALUE REQUIREMENT****FLOW, IN CONDUIT OR PLANT****FAT, FATTENED PLANT****EEFFLUENT GROSS VALUE REQUIREMENT****PERMIT****EEFFLUENT GROSS VALUE REQUIREMENT****FLOW, IN CONDUIT OR PLANT****FAT, FATTENED PLANT****EEFFLUENT GROSS VALUE REQUIREMENT****PERMIT****EEFFLUENT GROSS VALUE REQUIREMENT****FLOW, IN CONDUIT OR PLANT****FAT, FATTENED PLANT****EEFFLUENT GROSS VALUE REQUIREMENT****PERMIT****EEFFLUENT GROSS VALUE REQUIREMENT****FLOW, IN CONDUIT OR PLANT****FAT, FATTENED PLANT****EEFFLUENT GROSS VALUE REQUIREMENT****PERMIT****EEFFLUENT GROSS VALUE REQUIREMENT****FLOW, IN CONDUIT OR PLANT****FAT, FATTENED PLANT****EEFFLUENT GROSS VALUE REQUIREMENT****PERMIT****EEFFLUENT GROSS VALUE REQUIREMENT****FLOW, IN CONDUIT OR PLANT****FAT, FATTENED PLANT****EEFFLUENT GROSS VALUE REQUIREMENT****PERMIT****PERMIT****PERMIT****PERMIT****PERMIT****PERMIT****PERMIT**

MITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
ME U S D O E

DRESSER ROCKHAVEN NATIONAL LABORATORY
53 BEUL AVE., BLDG 464

CITY BROOKHAVEN NATIONAL LABORATORY
CATION OF APFCN NY 11973

PRN: SEORGE HALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

NY 0005835
DISCHARGE NUMBER

06A-N
PERMIT NUMBER

(5JBR 01)
P - FINAL

LINAC NCCW, FLOOR DNS, ETC (HT1)

* * * DISCHARGE |
NOTE: Read Instructions before completing this form.

MONITORING PERIOD

YEAR MO DAY

FROM 00 06 01

TO 00 06 30

QUANTITY OR LOADING

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS
SAMPLE MEASUREMENT	*****	*****	UNITS	7.7	*****	8.0	(12)
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0
POLLUTANT GROSS VALUE IN CONDUIT OR TUBE, IN TREATMENT PLANT	0.03	0.07	MGD	0.03	0.07	0.15	(19)
POLLUTANT GROSS VALUE IN CONDUIT OR TUBE, IN TREATMENT PLANT	0.03	0.07	MGD	0.03	0.07	0.15	0
(See Note 3) SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							

(See Note 3)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Mr. F. Crescenzo Group Manager	631-344-3424	
TYPED OR PRINTED		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		

RE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA NUMBER

CODE

YEAR

MO

DAY

THIS IS A 4-PART FORM PAGE - OF

ACTIVITY BROOKHAVEN NATIONAL LABORATORY
LOCATION NY 11973
TRN: 5EDRS8 HALOSH, GROUP MGR

MONITORING PERIOD			COOLING TOWER FROM 919 ETC (HT2)		
YEAR 00	MO 06	DAY 01	YEAR 00	MO 06	DAY 30

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
POLLUTANT: OIL & GREASE	SAMPLE	# # # # #	# # # # #	7.5	# # # # #	7.8	(12)	0	4/MO	GRAB	SPOT / SPOT
POLLUTANT: GROSS VALUE REQUIREMENT	MEASUREMENT	# # # # #	# # # # #		# # # # #	50	(19)	0	1/MO	GRAB	SPOT / SPOT
POLLUTANT: GROSS VALUE REQUIREMENT	SAMPLE	# # # # #	# # # # #		# # # # #	5	(03)	0	4/MO	GRAB	SPOT / SPOT
POLLUTANT: H2S TREATMENT PLANT MEASUREMENT	MEASUREMENT	# # # # #	# # # # #	0.001	# # # # #	MILLIGRAMS/L		0	4/MO	GRAB	SPOT / SPOT
POLLUTANT: GROSS VALUE REQUIREMENT	SAMPLE	# # # # #	# # # # #	MGD	# # # # #	SPOT / SPOT		0	4/MO	GRAB	SPOT / SPOT
(See Note 3)											
POLLUTANT: OIL & GREASE	SAMPLE	# # # # #	# # # # #		# # # # #	50	(19)	0	1/MO	GRAB	SPOT / SPOT
POLLUTANT: OIL & GREASE	MEASUREMENT	# # # # #	# # # # #		# # # # #	5	(03)	0	4/MO	GRAB	SPOT / SPOT
POLLUTANT: OIL & GREASE	SAMPLE	# # # # #	# # # # #		# # # # #	MILLIGRAMS/L		0	4/MO	GRAB	SPOT / SPOT
POLLUTANT: OIL & GREASE	MEASUREMENT	# # # # #	# # # # #		# # # # #	SPOT / SPOT		0	4/MO	GRAB	SPOT / SPOT
POLLUTANT: OIL & GREASE	SAMPLE	# # # # #	# # # # #		# # # # #	SPOT / SPOT		0	4/MO	GRAB	SPOT / SPOT
POLLUTANT: OIL & GREASE	MEASUREMENT	# # # # #	# # # # #		# # # # #	SPOT / SPOT		0	4/MO	GRAB	SPOT / SPOT
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
Mr. F. Crescenzo Group Manager											
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
THE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS											
(See Attached Notes)											
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.											
TELEPHONE DATE											
631-344-3424											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
AREA NUMBER YEAR MO DAY											

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if Different*)
NAME

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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Form Approved.
OMB No. 2040-0004

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG 454

NY0005035

068 D

UPTON NY 11973
FACILITY BRICKDAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	04	01	TO	00	06

NOTE: Read instructions before completing this form.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference air attachments here)

NO ADDITIONAL FASTER TREATMENT CARMEL. ADDITIVES & BIBBLE SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS